

BAKERSFIELD CITY SCHOOL DISTRICT



INSURANCE PLANS for RETIREES
2022-2023

*GENERAL INFORMATION
About DISTRICT Plans for Retirees
And INDIVIDUAL Retiree Plans, SISC Sponsored*

Retirees of the Bakersfield City School District age 65 or older may continue their Medical/Prescription insurance benefits through a District Plan for Retirees or an Individual Retiree Plan, SISC sponsored.

THIS IS A ONE TIME OPTION

Retirees that **do not** continue coverage through a District Plan for Retirees or an Individual Retiree Plan, SISC sponsored when they retire, **cannot** be added during a subsequent Open Enrollment Period.

If an eligible retiree **does not** elect to continue coverage, a spouse **may not** continue coverage.

If a covered retiree of BCSD passes away, a spouse **may** continue coverage.

If a retiree at any time cancels coverage, they **may NOT** return to a District Plan for Retirees or an Individual Retiree Plan, SISC sponsored.

A plan with prescription coverage is AUTOMATIC. There is **no** option to continue the medical coverage only.

In order to choose a plan that has the most complete coverage possible, you (and your spouse) must be enrolled in Medicare Part A (Hospital) and purchase Medicare Part B (Medical). Please contact the Social Security Administration office at (800)772-1213, for further information on Medicare eligibility.

When enrolling, a retiree (and spouse) who is age 65 or older **must** include a copy of their Medicare card(s).

All district plans are considered a secondary to Medicare and would act as secondary coverage with Medicare primary coverage.

All individual plans (Kaiser), SISC sponsored, are considered A HMO and are not supplements to Medicare, but are full coverage instead of Medicare.

IMPORTANT: Subject to eligibility requirements, a retiree may choose to enroll in one of the District Plans for Retirees and may move from one district plan to another should their eligibility status change.

If a retiree, at any time, chooses any of the Individual Retiree Plans, SISC sponsored, and not one of the District Plans for Retirees, they may **NOT** return to any of the Blue Cross 40028 plans (District Plans for Retirees).

*DISTRICT PLANS for Retirees
Secondary to Medicare Coverage*

BLUE CROSS – 40028Q Group Plan

Eligibility: Subscriber (and spouse) must be age 65 or older with Medicare Part A (Hospital) and Medicare Part B (Medical) coverage. This is the same plan BCSD's active employees and retirees (55-64) are enrolled in. However, this is a Secondary to Medicare. Many times, when retiree is trying to choose a plan, they mention they want to stay with the same coverage they have had---THIS IS IT!

BLUE CROSS – 40028P Group Plan

Eligibility: Subscriber must be age 65 or older with Medicare Part A (Hospital) and Medicare Part B (Medical) coverage. Spouse must be under age 65 and NOT eligible for Medicare benefits. When spouse becomes eligible for Medicare, subscriber and spouse must move to another plan; may move to BC 40028Q. This plan works as retiree's Secondary coverage to Medicare and spouse's Primary coverage.

BLUE CROSS – 40028R Group Plan

Eligibility: Subscriber must be age 65 or older with Medicare Part A (Hospital) only.

BLUE CROSS – 40028S Group Plan

Eligibility: Subscriber (and spouse) must be age 65 or older with Medicare Part B (Medical). Medicare Part A (Hospital is optional).

BLUE CROSS – 40028T Group Plan

Eligibility: Subscriber (and spouse) must be age 65 or older with NO MEDICARE COVERAGE (No Part A or B).

IMPORTANT: Subject to eligibility requirements, a retiree may choose to enroll in one of the above District Plans for Retirees and may move from one district plan to another should their eligibility status change.

If a retiree, at any time, chooses any of the Individual Retiree Plans, SISC sponsored, and not one of the District Plans for Retirees outlined above, they may **NOT** return to any of the Blue Cross 40028 plans (District Plans for Retirees).

*INDIVIDUAL RETIREE PLANS
SISC Sponsored
Coverage Instead of Medicare*

Individual retiree plans are available to SISC retirees as an alternative to district coverage. The retiree's spouse and eligible dependents may enroll if the retiree enrolls. **When a retiree elects an individual retiree plan, his/her spouse and dependents are no longer eligible for district coverage.** Once a retiree elects an individual retiree plan, **the retiree may not re-enroll in district coverage at any subsequent Open Enrollment Period.** The retiree and his/her eligible dependents may move to any one of these plans when they are first eligible or the 1st of any month with a 45 notice.

COMPANIONCARE Medicare Supplement Plan

Enrollment and disenrollment process must be completed 45 days prior to effective date.

In order to enroll in this coverage, the member must be age 65 or older with Medicare Part A and B, or a retiree under age 65 with Medicare for the disabled. The prescription drug care coverage that is included with the CompanionCare coverage is **not optional or voluntary.** You will be enrolled in Medical Part D automatically by SISC. CompanionCare is single coverage only; there are no two-party rates. With this plan Medicare is Primary coverage and Blue Cross CompanionCare is Supplemental coverage.

If retiree enrolls in Blue Cross CompanionCare and wishes to change to another SISC sponsored retiree plan, the ONLY optional plans they may enroll in would be one of the Medicare Risk Plans (Kaiser HMO) plans and vice versa-----(Kaiser HMO to BC CompCare).

MEDICARE RISK RETIREE PLAN KAISER

Enrollment and disenrollment process must be completed 45 days prior to effective date. To be enrolled, subscriber must reside within an eligible ZIP code area.

A Medicare Risk Plan is a plan that is offered through a Health Maintenance Organization (HMO) in lieu of Medicare benefits. The HMO contracts with the Centers for Medicare and Medicaid Services (CMS) to provide a wide variety of services. **Kaiser** is not a supplement to Medicare, but is full coverage instead of Medicare.

Kaiser is a Health Maintenance Organization (HMO) and is very affordable. When the member is age 65 or older and enrolls in one of these Medicare Risk Plans, they give up all of their benefits through Medicare and receive all of their health care through the HMO under which they are enrolled. Like other HMO plans, if the member does not use the HMO or receive authorization to go outside the network they do not have benefits for non-emergency care through the HMO and they do NOT have benefits under Medicare (if age 65 or older and enrolled).

If a retiree enrolls in one of the Medicare Risk Plans, **SISC does charge a monthly premium.** Therefore, the retiree may want to research these plans by contacting an HMO representative, as these companies MAY NOT charge a monthly premium if the retiree enrolls directly with the HMO.

IMPORTANT: If a retiree, at any time, chooses any of the Individual Retiree Plans, SISC sponsored and not one of the District Plans for Retirees, they may **NOT** return to any of the Blue Cross 40028 plans (District Plans for Retirees).

BENEFIT SUMMARY AND RATES FOLLOW

**BAKERSFIELD CITY SCHOOL DISTRICT
SISC III BENEFIT SUMMARY
BLUE CROSS – 40028Q**

SERVICES	MEDICARE	40028Q COVERAGE When utilizing Participating Providers
Subscriber Office Visits	\$ 100.00 Part B Deductible per year / 80% of Medicare Approved Charges	Covered 100% after Medicare.
Dependent Office Visit	\$ 100.00 Part B Deductible per year / 80% of Medicare Approved Charges	Covered 100% after Medicare.
Subscriber & Dependent Major Medical	80% of Medicare Approved Charges	\$ 100.00 Deductible per person / 100% after Medicare.
Subscriber & Dependent Diagnostic, X-ray, Laboratories	80% of Medicare Approved Charges	Covered 100% after Medicare (Subject to Subscriber & Dependents \$ 100.00 Deductible).
Subscriber & Dependent Prescription Drugs	NO COVERAGE	Retail: \$3.00 co-pay for generic drugs and \$15.00 co-pay brand name (30-day supply) Mail Order: \$ 3.00 co-pay for generic drugs and \$ 35.00 co-pay for brand name (90-day supply)

Eligibility: Subscriber (and spouse) must be age 65 or more with Medicare Part A (hospital) and Medicare Part B (medical) coverage.

If subscriber cancels secondary coverage through the school district, they may NOT return.

Rates Effective October 1, 2022 through September 30, 2023

		Monthly Premium
40028Q-1	Retiree Only	\$ 770.00
40028Q-2	Retiree & Spouse	\$ 1540.00
40028Q Family	Retiree & Family	\$ 1908.00

**BAKERSFIELD CITY SCHOOL DISTRICT
SISC III BENEFIT SUMMARY
BLUE CROSS – 40028R**

SERVICES	MEDICARE	40028R COVERAGE When utilizing Participating Providers
Subscriber Office Visits	NO COVERAGE	Covered 100%.
Dependent Office Visit	NO COVERAGE	Covered 100%.
Subscriber & Dependent Major Medical	NO COVERAGE	Covered 100% (Subject to Subscriber & Dependents \$ 100.00 Deductible).
Subscriber & Dependent Diagnostic, X-ray, Laboratories	NO COVERAGE	Covered 100% (Subject to Subscriber & Dependents \$ 100.00 Deductible).
Subscriber & Dependent Prescription Drugs	NO COVERAGE	Retail: \$3.00 co-pay for generic drugs and \$15.00 co-pay brand name (30-day supply) Mail Order: \$ 3.00 co-pay for generic drugs and \$ 35.00 co-pay for brand name (90-day supply)

Eligibility: Subscriber must be age 65 or more with Medicare Part A (Hospital) coverage. When subscriber becomes eligible for Medicare Part B, subscriber must move to other district coverage.
If subscriber cancels secondary coverage through the school district, they may NOT return.

Rates Effective October 1, 2022 through September 30, 2023

		Monthly Premium
40028R-1	Subscriber	\$ 1320.00
40028R-2	Subscriber and Spouse	\$ 2640.00

**BAKERSFIELD CITY SCHOOL DISTRICT
SISC III BENEFIT SUMMARY
BLUE CROSS – 40028P**

SERVICES	MEDICARE	40028P COVERAGE When utilizing Participating Providers
Subscriber Office Visits	\$ 100.00 Part B Deductible per year / 80% of Medicare Approved Charges	Covered 100% after Medicare.
Dependent Office Visit	NO COVERAGE	Covered 100%.
Subscriber Major Medical	80% of Medicare Approved Charges	\$ 100.00 Deductible per person / 100% after Medicare.
Dependent Major Medical	NO COVERAGE	Covered 100% (Subject to Subscriber & Dependents \$ 100.00 Deductible).
Subscriber Diagnostic, X-ray, Laboratories	80% of Medicare Approved Charges	Covered 100% for Blue Cross Approved Charges after Medicare (Subject to Subscriber & Dependents \$ 100.00 Deductible).
Dependent Diagnostic, X-ray, Laboratories	NO COVERAGE	Covered 100% (Subject to Subscriber & Dependents \$ 100.00 Deductible).
Subscriber & Dependent Prescription Drugs	NO COVERAGE	Retail: \$3.00 co-pay for generic drugs and \$15.00 co-pay brand name (30-day supply) Mail Order: \$ 3.00 co-pay for generic drugs and \$ 35.00 co-pay for brand name (90-day supply)

Eligibility: Subscriber must be age 65 or more with Medicare Part A (Hospital) and Medicare Part B (Medical) coverage. Dependent must be under 65 and NOT eligible for Medicare benefits. When dependent becomes eligible for Medicare, subscriber and dependent must move to other district coverage.
If subscriber cancels secondary coverage through the school district, they may NOT return.

Rates Effective October 1, 2022 through September 30, 2023

		Monthly Premium
40028P-2	Retiree & Spouse	\$1655.00
40028P-Family	Retiree, Spouse & Family	\$1655.00

**BAKERSFIELD CITY SCHOOL DISTRICT
SISC III BENEFIT SUMMARY
BLUE CROSS – 40028S**

SERVICES	MEDICARE	40028S COVERAGE When utilizing Participating Providers
Subscriber & Dependent Office Visit	\$ 100.00 Part B Deductible per year / per person; 80% of Medicare Approved Charges	Covered 100% after Medicare.
Subscriber & Dependent Major Medical	NO COVERAGE	Covered 100% (Subject to Subscriber & Dependents \$ 100.00 Deductible).
Subscriber & Dependent Diagnostic, X-ray, Laboratories	NO COVERAGE	Covered 100% (Subject to Subscriber & Dependents \$ 100.00 Deductible).
Subscriber & Dependent Prescription Drugs	NO COVERAGE	Retail: \$3.00 co-pay for generic drugs and \$15.00 co-pay brand name (30-day supply) Mail Order: \$ 3.00 co-pay for generic drugs and \$ 35.00 co-pay for brand name (90-day supply)

Eligibility: Subscriber (and spouse) must be age 65 or more with Medicare Part B (Medical). Medicare Part A (Hospital) is optional.

If subscriber cancels secondary coverage through the school district, they may NOT return.

Rates Effective October 1, 2022 through September 30, 2023

		Monthly Premium
40028S-1	Retiree Only	\$ 1320.00
40028S-2	Retiree & Spouse	\$ 2640.00

**BAKERSFIELD CITY SCHOOL DISTRICT
SISC III BENEFIT SUMMARY
BLUE CROSS – 40028T**

SERVICES	MEDICARE	40028T COVERAGE When utilizing Participating Providers
Subscriber Office Visit	NO COVERAGE	Covered 100%.
Dependent Office Visit	NO COVERAGE	Covered 100%.
Subscriber & Dependent Major Medical	NO COVERAGE	Covered 100% (Subject to Subscriber & Dependents \$ 100.00 Deductible).
Subscriber & Dependent Diagnostic, X-ray, Laboratories	NO COVERAGE	Covered 100% (Subject to Subscriber & Dependents \$ 100.00 Deductible).
Subscriber & Dependent Prescription Drugs	NO COVERAGE	Retail: \$3.00 co-pay for generic drugs and \$15.00 co-pay brand name (30-day supply) Mail Order: \$ 3.00 co-pay for generic drugs and \$ 35.00 co-pay for brand name (90-day supply)

Eligibility: Subscriber (and spouse) must be age 65 or more with NO MEDICARE COVERAGE.

If subscriber cancels coverage through the school district, they may NOT return.

Rates Effective October 1, 2022 through September 30, 2023

40028T-1	Retiree Only	Monthly Premium
		\$ 1870.00
40028T-2	Retiree & Spouse	\$ 3740.00

BAKERSFIELD CITY SCHOOL DISTRICT SISC III BENEFIT SUMMARY

**KAISER PERMANENTE - SOUTHERN REGION
SENIOR ADVANTAGE HMO MEDICARE PLAN BENEFITS
SUMMARY
2022-2023**

SERVICES	BENEFITS
Ambulance	\$50/Trip
Annual Physical Examination	\$10 co-pay per visit
Acupuncture/Chiropractic	\$10 co-pay 30 combined visits
Dental Care (DeltaCare)	Not covered
DME - Durable Medical Equipment (Kaiser DME formulary guidelines apply)	100%
Hearing Examination	\$10 co-pay per visit
Hospitalization	
• Inpatient	\$0/Admit
• Emergency Room	\$50 co-pay/waived if admitted
Immunizations	No charge
• Includes flu injections and all Medicare approved immunizations	Office visit co-pay may apply if administered as part of a physician office visit
Laboratory Services	No charge
Manual Manipulation of the Spine	\$10 co-pay per visit (subject to medical necessity)
Mental Health - Outpatient unlimited visits	\$10 co-pay per individual visit; \$5 co-pay per group visit
Physician Services/Basic Health Services	
• Office visits	\$10 co-pay per visit
• Consultation, diagnosis & treatment by a specialist	\$10 co-pay per visit
Prescription Drugs	
Using Kaiser pharmacies	Generic: \$10 co-pay for up to a 100-day supply
Not subject to donut hole	Brand: \$20 co-pay for up to a 100-day supply
Skilled Nursing Facility	Covered in full for 100 days per benefit period
Vision Care	
• Examination for eyeglasses	\$10 per visit
• Glaucoma testing	\$10 co-pay per visit
• Standard frame/lenses every 24 months	\$150 frame and lens allowance every 24 months
X-Ray Services	No charge

Rates Effective October 1, 2022

Retiree with Medicare A & B	\$193.00
Retiree & Spouse/Domestic Partner, Both with Medicare A & B	\$386.00
Retiree & Spouse/Domestic Partner, Retiree with Medicare A & B	\$830.00

Members must live in an approved Zip Code of the Kaiser Permanente California Service Area.
www.kp.org

A school district's geographic location will determine the applicable rate.
Southern Region includes San Luis Obispo, Kern, San Bernardino and all other counties to the south.

BAKERSFIELD CITY SCHOOL DISTRICT SISC III BENEFIT SUMMARY

COMPANIONCARE/Medicare Supplement Plan SOUTHERN REGION BENEFIT SUMMARY

2022-2023

SERVICES	MEDICARE 2021 Benefits	COMPANIONCARE Based on 2021 Medicare Benefits
Inpatient Hospital (Part A)	Pays all but first \$1408 for 1st 60 days Pays all but \$352 a day for the 61st to 90th day Pays all but \$704 a day Lifetime Reserve for 91st to 150th day Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage)	Pays \$1408 Pays \$352 a day Pays \$704 a day Pays 100% after Medicare and Lifetime reserve are Exhausted up to 365 days per lifetime
Skilled Nursing Facilities (Must be approved by Medicare)	Pays 100% for 1st 20 days Pays all but \$185.50 a day for 21st to 100th day Pays nothing after 100th day	Pays nothing Pays \$185.50 a day for 21st to 100th day Pays nothing after 100th day
Deductible (Part B)	\$203 Part B deductible per year	Pays \$203
Basis of Payment (Part B)	80% Medicare Approved (MA) charges after Part B deductible	Pays 20% MA charges including 100% of Medicare Part B deductible
Medical Services (Part B) Doctor, x-ray, appliances & ambulance Lab	80% MA charges 100% MA charges	Pays 20% MA charges Pays nothing
Physical/Speech Therapy (Part B)	80% MA charges up to the Medicare annual benefit amount.	Pays 20% MA charges up to the Medicare annual benefit amount. (PT & ST Combined)
Blood (Part B)	80% MA charges after 3 pints	Pays 1st 3 pints un-replaced blood and 20% MA charges
Travel Coverage (when outside the US for less than 6 consecutive months)	Not covered	Pays 80% inpatient hospital, surgery, anesthetist and in hospital visits for medically necessary services for 90 days of treatment per lifetime. For details call Anthem customer service at 1-800-825-5541.
Outpatient Prescription Drugs	Medicare Part D Prescription drug plan through Navitus Health Solutions	
Due to Medicare restrictions the following programs are not available with CompanionCare: \$0 generic copay at Costco & Diabetic Supplies for Generic co-pay	Retail Pharmacy: 30-day supply \$9 Generic co-pay \$35 Brand co-pay	
	Mail Order: 90-day supply \$18 Generic co-pay \$90 Brand co-pay	
	Pharmacy benefits are administered through Navitus Health Solutions MedicareRx using a Med D formulary. Some exclusions and prior authorizations may apply. Members that have questions regarding their medication coverage can call Navitus Health Solutions MedicareRx at 1-866-270-3877 or TYY users please call 711.	

COMPANIONCARE is a Medicare Supplement plan that pays for medically necessary services and procedures that are considered a Medicare Approved Expense. SISC will automatically enroll CompanionCare Members into Medicare Part D. No additional premium required. SISC plans are NOT subject to the 'doughnut hole'.

Eligibility: Member must be retired and enrolled in Medicare Part A (hospital) and Medicare Part B (medical) coverage. Retirees under age 65 with Medicare for the disabled (Parts A&B) may enroll in CompanionCare.

Enrollment: Enrollment forms and a copy of the Medicare card must be received by SISC 45 calendar days in advance of requested effective date - NO exceptions. SISC will automatically enroll members in Medicare Part D for outpatient prescription medications. Members already enrolled in non-SISC Medicare Part D plans will be automatically disenrolled from those plans.

Disenrollment: Disenrollment throughout the year requires submission of a disenrollment form to SISC with a 45-calendar day advance notice of requested effective date. During the annual Med D Open Enrollment members can enroll into Medicare Part D plans outside of SISC with a January 1 effective date. Enrollment in a Med D plan outside of SISC will terminate the SISC medical and Rx benefits.

Provider Network: Physicians who accept Medicare Assignment.

For additional Medicare benefit information, please go to www.medicare.gov or call 1-800-medicare (1-800-633-4227).

For additional Navitus MedicareRx prescription drug information, please go to www.navitus.com or call 1-866-270-3877.

Rates Effective October 1, 2022

**Retiree with Medicare A & B
SISC will enroll members in part**

\$384.00 per person